

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	4-9-7
RESPONSE FORMALITY REVIEW	mb	1030	5-4-01

DRAFTING			
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# INDEX OF CLAIMS

Claim	Date
Final	Original
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Claim	Date
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SYMBOLS

✓ ..... Rejected

..... Allowed

(Through numeral) Canceled

N ..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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# BEST AVAILABLE COPY

## INDEX OF CLAIMS

Claim	Date
Final	Original
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Claim	Date
Final	Original
32	252
33	253
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81	301

### SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

14/13/04

4/13/04